PÆDIATRICS.

UNDER THE CHARGE OF

LOUIS STARR, M.D.,
OF PHILADELPHIA;

ASSISTED BY

THOMPSON S. WESTCOTT, M.D.,
OF PHILADELPHIA.

ACQUIRED SYPHILIS OF CHILDHOOD.

IN a recent clinical lecture, reported in the *Medical Press and Circular*, 1893, PROFESSOR FOURNIER groups the sources of acquired syphilis in childhood under four heads: 1. Suckling; 2. Rearing; 3. Criminal Offences; 4. Medical Treatment.

1. *Suckling.* Many children are infected by their nurses; a fact too little recognized, although examples may be reckoned by thousands. In a first group of cases it is a syphilitic nurse that takes the child to suckle, and from a mucous tubercle upon her mouth or breast she infects her charge. In the second group, the nurse is at the same time offender and victim. In the course of her avocation she contracts syphilis, which she hands on to her charge. A healthy nurse may tend an infant which is healthy to all appearances, but she contracts the disease. In her turn she infects either her own offspring or others to whom she may act as a wet-nurse. At other times a healthy nurse takes charge of a healthy child, but she one day chances to give the breast to a strange child that is syphilitic, and she and her charge then become infected. This point the author insists upon, and he attributes to it an astonishing number of cases of syphilis. It is to be remembered, however, that the habit of employing a wet-nurse is very much more common in France than in our own country, where the practice is rapidly being superseded by the more convenient and safer expedient of bottle-feeding.

2. *Rearing.* The child may take syphilis from its family, from servants, from visitors and others.

a. It is often taken from the mother. If a woman contracts syphilis after delivery she may communicate it to her child in various ways, the most common being by the act of kissing.

b. The father is less often at fault, as he has little to do with the child.

c. The infant is often infected by its nurse, either by kissing or in some other way. In this connection it may be noted that many infants live much more in the society of the nurse than of the mother, especially among the better classes of society; hence the frequency of this method of contagion.

d. A child is often infected by other children. It is a common trick with children to put toys and other objects in the mouth.

e. The poison may be communicated by strangers, workmen, or visitors, and usually by the act of kissing.

f. One often sees cases of domestic contagion where from poverty the utensils are few and are used in common. Thus cases have been contracted from infected feeding-bottles, sponges, and bedding. Vidal de Cassis has reported the case of a povery-stricken household where one cup was used by six children, four of whom contracted syphilis.

3. *Criminal offences* upon children, followed by syphilis, are rare; still, it is easy to find plenty of instances. At Lourcine one frequently meets with children of ten or twelve and even of six or four years of age who have contracted the disease in this way. This class of crime is not always due to criminal passion, but often to the superstitious belief that an affected person may thus get rid of the disease.

4. *Medical treatment.* As in the case of the adult, a child may be affected by the hands of a medical attendant, or by surgical instruments. Some years ago a veritable endemic of the disease was reported as the result of catheterism by a specialist. Circumcision is answerable for a certain number of cases of the disease, a fact first pointed out by Ricord. Bardinet, of Limoges, relates the case of a midwife who carried on her profession notwithstanding the fact that she had syphilitic lesions on one of her fingers. She infected no less than a hundred persons, directly or indirectly, in the small township of Brives. Lastly, there is vaccination syphilis, which is becoming of very rare occurrence from the general adoption of the animal lymph.

THE INCUBATION OF VARICELLA.

A RECENT observation of GOUGET (*Revue mensuelle des Maladies de l'Enfance*, 1893, p. 120) reopens the discussion upon the length of the incubative period of varicella. According to German authorities this period varies from 13 to 17 days (13 to 14, Henoch; 14 to 15, Gerhardt; 13 to 16, Eichhorst; 13 to 17, Strümpell). Barthey and Lanné believe that it may even be prolonged to 19 days, while English writers fix a minimum of 10 days. In several more recent articles TALAMON (*La Médecine Moderne*, August 6, 1891; *vide* THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES, March, 1892, p. 358; *ibid.*, May 19, 1892, and January 28, 1893) fixes this period more exactly at 14 days. Steiner and d'Heilly have observed instances of much shorter duration (8 days in Steiner's cases, 3 days in a case of d'Heilly), but these observations were made in cases of the inoculated disease; and it is well known that the incubative stage of the eruptive fevers is shorter when they are transmitted by inoculation than by contagion. Talamon, indeed, observed the development of varicella in a child whose sister had been attacked three days before, but did not hesitate to reject the possibility of an incubation so short, believing that the contagion had been effected by the intermediation of germs from another source, perhaps that from which the sister herself had been infected.

Gouget, in turn, relates the following case: A female infant, aged two months and a half, entered the Hôpital Tenon December 6th with varicella of moderate intensity, which had begun the evening before. *Four* days later varicella declared itself in a boy of fourteen months, entered the 5th of December, and lying in the adjacent bed. The eruption remained discrete; there were no more than twenty vesicles well disseminated. *Four* days later, a little girl, four and a half months old, entered the 29th of November, and occupying the next adjacent bed to the latter case, was taken in turn with confluent varicella. Hereupon the three patients were isolated and no new cases developed. It may be added that there was no varicella in the ward before the arrival of the first of these children, and that no focus of contagion appeared to exist in the neighborhood, for no case of the disease had been brought to the hospital for quite a long time, and none had presented itself subsequently.

Despite the marked variation from the classic type, it is impossible not to be struck by the exactly equal period of apparent incubation in the two latter children. The regular propagation of the affection from bed to bed is also significant. If the second case is disregarded, and the third only attributed to infection from the first case, the incubation would be only eight days, while on the other hand, if referred to the time before entrance to the hospital, the period would be at least sixteen days.

Looking upon the regularity, in a sense mathematical, which was presented in the extension of this little epidemic, and upon the absence of new cases after isolation had been secured, the author is inclined to think that the incubation was reduced to four days in these two cases, and that consequently, under certain circumstances more or less rare, this period may be much shorter than is ordinarily the case. As to these circumstances, it is quite difficult to determine anything definite.

PATHOLOGY AND BACTERIOLOGY.

UNDER THE CHARGE OF

JOHN SLADE ELY, M.D.,
PROFESSOR OF PATHOLOGY IN THE WOMAN'S MEDICAL COLLEGE OF THE NEW YORK INFIRMARY; ASSISTANT IN PATHOLOGY IN THE COLLEGE OF PHYSICIANS AND SURGEONS; PATHOLOGIST TO BELLEVUE HOSPITAL; AND ASSISTANT PHYSICIAN TO THE ROOSEVELT HOSPITAL OUT-PATIENT DEPARTMENT.

IMMUNITY.

NOTHING at present engaging the attention of pathologists seems destined to attract such universal attention or to be of such far-reaching benefit to practical medicine as the study of the problems connected with immunity and recovery from infectious disease. It would seem that at last, nearly a century after the first vaccination (May 14, 1796), the obscurity which has prevented any rational explanation of its protective action were to be penetrated, and that the near future might witness the application of similar preventive measures to many of the infectious diseases. Already suggestions for the treatment of some of these diseases, gathered from ascertained facts regarding immunity, have been followed, and in a number of cases with the most gratifying result. In view of these facts, it has seemed appropriate to present to the readers of THE JOURNAL, in a short resumé, some of the principal contributions upon which the prevailing theory of immunity is based.